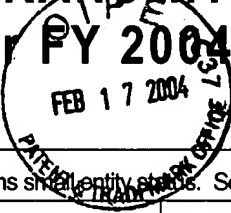
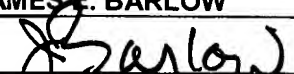


<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <div style="text-align: center;">  </div>		<p><i>Complete if Known</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/977,356</td> </tr> <tr> <td>Filing Date</td> <td>10/16/2001</td> </tr> <tr> <td>First Named Inventor</td> <td>TABUCHI</td> </tr> <tr> <td>Examiner Name</td> <td>Binda</td> </tr> <tr> <td>Group/Art Unit</td> <td>3679</td> </tr> <tr> <td>Attorney Docket No.</td> <td>01-220-RCE</td> </tr> </table>		Application Number	09/977,356	Filing Date	10/16/2001	First Named Inventor	TABUCHI	Examiner Name	Binda	Group/Art Unit	3679	Attorney Docket No.	01-220-RCE
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">FEB 26 2004</div> <div style="font-size: 3em; font-weight: bold; opacity: 0.5;">GROUP 3600</div>													
TOTAL AMOUNT OF PAYMENT (\$) 420															


METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																					
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SUBMITTED BY				<i>Complete (if applicable)</i>	
Name (Print/Type)	JAMES E. BARLOW		Registration No. (Attorney/Agent)	32,377	Telephone
Signature					(703) 707-9110
					Date
					17 February 2004

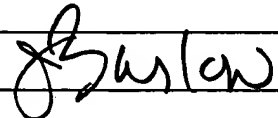
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3679/19

This Form Based on PTO/SB/21

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> 	Application Number	09/977,356	
	Filing Date	10/16/2001	
	First Named Inventor	TABUCHI	
	Group Art Unit	3679	
	Examiner Name	Binda	
		Attorney Docket Number	01-220-RCE

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawings- 2 substitute sheets <input type="checkbox"/> Petition <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund Remarks	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 26 2004 GROUP 3600 </div>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Posz & Bethards, PLC
Signature	
Date	17 February 2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to : Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22323-14501.	
Type or printed name	
Signature	Date: